

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE**In Re Application of:**

Maes, et al.

Application No.: Not Assigned Yet

Filing Date: Herewith

For: ANTIprotozoal SAPONINS

Group Art Unit: Not Assigned Yet

Examiner: Not Assigned Yet

BOX PATENT APPLICATION**Commissioner for Patents**

P.O. Box 1450

Alexandria, VA 22313-1450

**ASSOCIATE POWER OF ATTORNEY
AND CHANGE OF CORRESPONDENCE ADDRESS**

The undersigned, of the firm Johnson & Johnson, One Johnson & Johnson Plaza, New Brunswick, New Jersey 08933, Attorney and/or Agents for Applicant(s), hereby appoints all the practitioners associated with Customer Number 23377 (which is the Customer Number assigned to Woodcock Washburn LLP) to prosecute this application and to transact all business in the U.S. Patent and Trademark Office connected therewith. Each practitioner associated with Customer Number 23377 is an attorney registered before the United States Patent and Trademark Office.

23377**23377**

PATENT TRADEMARK OFFICE

Please direct all future correspondence to Dianne B. Elderkin, Esq. at the correspondence address associated with Customer Number 23377.

Date: December 31, 2003


Mary A. Appollina
Registration No. 34,087
Attorney of Record

Please type a plus sign (+) inside this box →

PTO/SB/01 (12-97)

Approved for use through 9/30/00. OMB 0651-0032

Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

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**DECLARATION FOR UTILITY OR
DESIGN
PATENT APPLICATION
(37 CFR 1.63)**

Declaration Submitted with Initial Filing OR Declaration Submitted after Initial Filing (surcharge (37 CFR 1.16 (e)) required)

Attorney Docket Number		JAB 1460 PCT-USA
First Named Inventor		
COMPLETE IF KNOWN		
Application Number	/	
Filing Date		
Group Art Unit		
Examiner Name		

As a below named inventor, I hereby declare that:

My residence, post office address, and citizenship are as stated below next to my name.

I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

ANTIPROTOZOAL SAPONINS

the specification of which
 is attached hereto
OR
 was filed on (MM/DD/YYYY) **12/15/1999** as United States Application Number or PCT International

Application Number **PCT/EP99/10177** and was amended on (MM/DD/YYYY) (if applicable).

I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment specifically referred to above.

I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56.

I hereby claim foreign priority benefits under 35 U.S.C. 119(a)-(d) or 365(b) of any foreign application(s) for patent or inventor's certificate, or 365(a) of any PCT international application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box, any foreign application for patent or inventor's certificate, or of any PCT international application having a filing date before that of the application on which priority is claimed.

Prior Foreign Application Number(s)	Country	Foreign Filing Date (MM/DD/YYYY)	Priority Not Claimed	Certified Copy Attached?	
			YES	NO	
98204409.1	EP	12/22/1998	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input checked="" type="checkbox"/>

Additional foreign application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto.

I hereby claim the benefit under 35 U.S.C. 119(e) of any United States provisional application(s) listed below.

Application Number(s)	Filing Date (MM/DD/YYYY)	<input type="checkbox"/> Additional provisional application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto.

[Page 1 Of 4]

Burden Hour Statement: This form is estimated to take 0.4 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.

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Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it contains a valid OMB control number.**DECLARATION — Utility or Design Patent Application**

I hereby claim the benefit under 35 U.S.C. 120 of any United States application(s), or 365(c) of any PCT international application designating the United States of America, listed below and, insofar as the subject matter of each of the claims of this application is not disclosed in the prior United States or PCT International application in the manner provided by the first paragraph of 35 U.S.C. 112, I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56 which became available between the filing date of the prior application and the national or PCT international filing date of this application.

U.S. Parent Application or PCT Parent Number	Parent Filing Date (MM/DD/YYYY)	Parent Patent Number (if applicable)

Additional U.S. or PCT international application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto.
As a named inventor, I hereby appoint the following registered practitioner(s) to prosecute this application and to transact all business in the Patent and Trademark Office connected therewith: Customer Number → Place Customer Number Bar Code Label here
 Registered practitioner(s) name/registration number listed below

Name	Registration Number	Name	Registration Number
Audley A. Ciamporcero	26,051	Michael Stark	32,495
Steven P. Berman	24,772	Ellen C. Coletti	34,140
Andrea L. Colby	30,194	Mary A. Appollina	34,087

Additional registered practitioner(s) named on supplemental Registered Practitioner Information sheet PTO/SB/02C attached hereto.
Direct all correspondence to: Customer Number OR Correspondence address below

Name	Audley A. Ciamporcero				
Address	Johnson & Johnson				
Address	One Johnson & Johnson Plaza				
City	New Brunswick	State	NJ	ZIP	08933-7003
Country	USA	Telephone	(732) 524-3472	Fax	(732) 524-2808

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

Name of Sole or First Inventor:	<input type="checkbox"/> A petition has been filed for this unsigned inventor				
Given Name (first and middle if any)			Family Name or Surname		
Louis Jules Roger Marie			MAES		
Inventor's Signature					
Residence: City	2275 Wechelderzande	State		Country	Belgium
Post Office Address	Pastorijstraat 66				
Post Office Address					
City	Wechelderzande	State		ZIP	2275
				Country	Belgium

Additional inventors are being named on the 2 supplemental Additional Inventor(s) sheet(s) PTO/SB/02A attached hereto

Please type a plus sign (+) inside this box → **DECLARATION****ADDITIONAL INVENTOR(S)
Supplemental Sheet**Page 3 of 4

Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor					
Given Name (first and middle [if any])		Family Name or Surname					
Nils, Albert, Gilbert		GERMONPREZ					
Inventor's Signature	<i>S. Germont</i>					Date	<i>02/16/98</i>
Residence: City	8370 Blankenberge	State		Country	Belgium	Citizenship	Belgium
Post Office Address	Reningepad 16						
Post Office Address							
City	Blankenberge	State		ZIP	8370	Country	Belgium
Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor					
Given Name (first and middle [if any])		Family Name or Surname					
Luc Emiel Mathilde		VAN PUYVELDE					
Inventor's Signature	<i>S. Germont</i>					Date	<i>03/03/98</i>
Residence: City	9250 Waasmunster	State		Country	Belgium	Citizenship	Belgium
Post Office Address	Maretak 101						
Post Office Address							
City	Waasmunster	State		ZIP	9250	Country	Belgium
Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor					
Given Name (first and middle [if any])		Family Name or Surname					
Norbert G. M.		DE KIMPE					
Inventor's Signature	<i>S. De Kimpe</i>					Date	<i>09/13/98</i>
Residence: City	9070 Destelbergen	State		Country	Belgium	Citizenship	Belgium
Post Office Address	Lodries 7						
Post Office Address							
City	Destelbergen	State		ZIP	9070	Country	Belgium

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DECLARATION	ADDITIONAL INVENTOR(S) Supplemental Sheet Page <u>4</u> of <u>4</u>
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Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor					
Given Name (first and middle [if any])			Family Name or Surname				
Tran			NGOC NINH				
Inventor's Signature	<i>Vinh</i>					Date	29.01.2000
Residence: City	Hanoi	State		Country	Vietnam	Citizenship	Vietnam
Post Office Address	National Center for Science and Technology, Institute of Ecology and Biological Resources						
Post Office Address	Hoang Quoc Viet Road, Cau Giay						
City	Hanoi	State		ZIP		Country	Vietnam
Name of Additional Joint Inventor, If any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor					
Given Name (first and middle [if any])			Family Name or Surname				
Inventor's Signature						Date	
Residence: City		State		Country		Citizenship	
Post Office Address							
Post Office Address							
City		State		ZIP		Country	
Name of Additional Joint Inventor, If any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor					
Given Name (first and middle [if any])			Family Name or Surname				
Inventor's Signature						Date	
Residence: City		State		Country		Citizenship	
Post Office Address							
Post Office Address							
City		State		ZIP		Country	

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Docket No. JAB-1460

ADDED PAGE TO COMBINED SUBSTITUTE DECLARATION AND
POWER OF ATTORNEY FOR SIGNING BY ADMINISTRATOR(TRIX),
EXECUTOR(TRIX) OR LEGAL REPRESENTATIVE ON BEHALF OF
DECEASED OR INCAPACITATED INVENTOR (37 CFR 1.42 AND 1.43)

I, Le Thi Thanh Nhan, hereby declare that I am a citizen of Vietnam residing at House No. 3, Lane 134, Quan Nhan Street, Nhan Chinh Precinct, Thanh Xuan District;

and that I am executing and signing the declaration to which this is attached as

(check one)

- the administrator(trix) of
 executor(trix) of the last will and testament of
 legal representative (or heirs) of

Mai Van Tri

Full name of (first, second etc.) deceased or incapacitated inventor

Vietnam

Country of citizenship of deceased or incapacitated inventor

Nhan Chinh Precinct, Thanh Xuan,

Vietnam

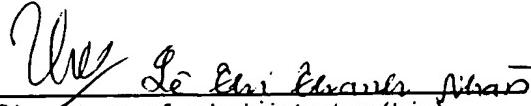
Residence of deceased or incapacitated inventor

House No. 3, Lane 134, Quan Nhan Street

Post Office Address of deceased or incapacitated inventor

That, upon information and belief, I aver those facts that the inventor is required to state.

Date: 29 May 2000


Signature of administrator (trix),
executor (trix), legal
representative (for all heirs)